LEGISLATIVE BULLETIN

David J. Vail, M.D.
Medical Director
Department of Public Welfare

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Minneapolis Association for Retarded Children
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Legislative Bulletin - #2

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Sister Edith, C.S.J.
Robert Pfeiler, M.D.

Department of Public Welfare
Mr. Morris Hursh, Commissioner
Mr. Ove Wangensteen, Deputy Commissioner
Institutions — Attention Medical Directors and Administrators
Community Mental Health Centers — Attention Board and Staff

Legislative Bulletin - #3

Governor's Office Attention Sally Luther

Mr. John Broady

Legislative Bulletin No. 1 Feb. 11, 1965

This continues a practice started in the 1961 Legislative Session and repeated in the 1963 session. This bulletin is for information only, to keep various groups interested in mental health appraised of legislative developments. It should not be construed as soliciting support, a call for action, etc., since as a state agency we are precluded from such activities.

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The comparison of the Department and Governor's budget requests are as follows:

	DBF	Governor
Research	$360,000	$298,000
Training	462,000	350,000
Community mental health centers	2,670,000	2,300,000
Daytime activity centers for retarded	522,900	522,900
Mental Illness hospitals	401 new positions	143 new positions
Mental retardation hospitals	833 new positions	578 new positions
Minnesota Residential Treatment Center	34.5 new positions	5 new positions

The Governor's budget request is one of the finest I can recall, and I think we can live with it comfortably. One point, however, where we may be in trouble, is in the community mental health centers' request. This was cut back rather sharply from what was already a modest or even minimal level. I think there is considerable question whether $2,300,000 will allow enough for any expansion in the community mental health centers program. This will be especially difficult if, as looks likely, the bill that would allow a 10% increase in the per capita rates will be enacted.

We have started now an intensive round of meetings with the Senate Finance and House Appropriation Subcommittees for Welfare. Attached you will find the names of House and Senate committee members from the three major committees which are Welfare (Health and Welfare in the House), Civil Administration, and Finance (Appropriations in the House). We are also showing the names of the subcommittee members of the Appropriations and Finance Committees that deal specifically with us.

As to substantive legislation, there is not much to report, as the bills are still in a very early stage. SF 241, which increases the per capita state-matching rates for community mental health centers by 10%, and also has language that allows amortization costs pursuant to federal construction funds, sailed through the Senate by a vote of 63-O on February 3rd, thanks to the skillful generalship of Senator Bill Dosland of Moorhead. The House version of this bill has yet to be heard. Another important bill that would raise salaries under the "ABC" medical specialist salary law has yet to be introduced, but we have good authors lined up for this one. We will report on other bills as the progress becomes more apparent.

Attached is a bill introduced by Representatives Hall, Wozniak, Rappana and Erickson on January 27, 1965. This provides psychiatric examination of minors upon parental request. This is not one of our DPW-sponsored bills.

Finally, you might be interested in the legislative presentation which I gave this year to the Senate Finance and House Appropriation Committees.

CIVIL ADMINISTRATION — Meeting date Wed. and Fri. 2:00 P.M., Room 328

Harren, Henry, Chairman
Allen, Claude, Vice Chairman
Adams, Frank E.
Blatz, Jerome V.
Child, Fay George
Dairies, John T.
Dosland, W. B.
Dunlap, Robert R.
Hanson, Rudolph
Novak, Edward G.
Ogdahl, Harmon T.
Popham, Wayne G.
Rosenmeier, Gordon
Sinclair, Donald
Thuet, Paul A.
Vukelich, Thomas D.
Westin, Leslie E.
Wright, Donald 0.

FINANCE — Meeting date Tues., Thurs. and Fri. 3:00 P.M., Room 113

Imm, Val, Chairman
Child, Fay George
Davies, John T.
Dosland, W. B.
Dunlap, Robert R.
Grittner, Karl F.
Hanson, N, W.
Harren, Henry M.
Heuer, Wm. C. F.
Josefson, J. A.
Lofvegren, Clifford
McGuire, Michael E.
McKee, John H.
Mitchell, C. C.
Nelson, Harold S.
Olson, John L.
Popp, Harold R.
Rosenmeier, Gordon
Sinclair, Donald
Walz, Norman J.
Westin, Leslie E.

Finance, Subcommittee
Child, Fay George
Hanson, N. W.
Heuer, Wm. C. F.
McKee, John H.
Olson, John L.
Popp, Harold R.
Walz, Norman J.
Westin, Leslie E.

PUBLIC WELFARE — Meeting date Mon. 9:00 A.M., Wed. 8:00 A.M., Room 236

Franz, W. J. Chairman
Adams, Frank E.
Allen, Claude
Anderson, Ernest J.
Anderson, Wendell R.
Bergerud, Alf.
Child, Fay George
Coleman, Nicholas D.
Dosland, W. B.
Harren, Henry M.
Heuer, Wm. C. F.
Langley, Clifford G.
Lofvegren, Clifford
McKee, John H.
Parks, Clifton
Perpich, Dr. R. G.
Popham, Wayne G.
Popp, Harold R.
Ukkelberg, Cliff
Vukelich, Thomas D.
Vanvich, Arnie C.
Wright, Donald 0.

APPROPRIATIONS COMMITTEE

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Long, Verne E., Vice Chairman
Anderson, J. T.
Barr, S. R.
Battles, Everett
Burchett, Mrs. Connie
Carlson, Bernard
Farmer, Lyle T.
Fischer, W. Casper
Flakne, Gary W.
Gimpl, Joe
Gustafson, W. F.
Hall, Clinton J.
Iverson, Carl M.
Kirchner, W. G.
Klaus, Walter K.
Mahowald, Robert C.
Mann, George
McLeod, Donald
O'Brien, William J.
Pavlak, Raymond
Rutter, Loren S.
Searle, Rodney N.
Skaar, Andrew
Sommerdorf, Dr. Vernon L.
Swanstrom, Dwight A.
Volstad, E. J.
VoxLand, Roy L.

Subcommittee
Flakne, Gary W., Chairman
Long, Verne E.
Carlson, Bernard
Hall, Clinton J.
Sommerdorf, Dr. V.L.

CIVIL ADMINISTRATION COMMITTEE

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Blomquist, Glenn A., Vice Chairman
Anderson, H. J.
Anderson, J, T.
Anderson, T.
Crain, Richard
Dunn, Roy E.
France, Alfred E.
Graw, Joseph P.
Hartle, John A.
House, William H.
Humphrey, George F.
Jacobsen, Ernie
Johnson, C. A.
Johnson, H. H.
Johnson, R. W.
Latz, Robert
McGowan, Martin J., Jr.
Nelson, R. N.
Nordin, John H.
Prifrel, Joseph
Schulz, Roy
Schwarzkofp
Smaby, Mrs. Alpha
Stone, Ivan
Tomczyk, Edward J.
Wozniak, D. D.

HEALTH AND WELFARE

Hegstrom, M. K. Chairman
Christensen, R.F. Vice Chairman
Anderson, J. T.
Anderson, T.
Barr, S. R.
Battles, Everett
Becklin, Robert C.
Beedle, Ernest A.
Burchett, Mrs. Connie
Dunn, Robert
Grussing, George P.
Howatt, Lester A.
Johnson, C. A.
Jungclaus, Walter C.
McMillan, Mrs. Helen
Mitchell, Don
Nelson, L. H.
O'Brien, William J.
Renner, Robert G.
Sabo, Martin 0.
Schumann, M. 0.
Skaar, Andrew
Smaby, Mrs. Alpha
Sommerdorf, Dr. Vernon L.
Warnke, Curtis B.

Introduced by Hall, Wozniak, Rappana, Erickson
January 27, I965

H.F. No. 308
Companion S.F.
Ref. to S.Com

Ref. to Com. on Health and Welfare
Reproduced by PHILLIPS LEGISLATIVE SERVICE

A BILL FOR AN ACT

RELATING TO PUBLIC WELFARE; PROVIDING PSYCHIATRIC EXAMINATION OF MINORS UPON PARENTAL REQUEST; PRESCRIBING THE POWERS AND DUTIES OF THE COMMISSIONER OF PUBLIC WELFARE IN CONNECTION WITH SUCH EXAMINATIONS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. (PSYCHIATRIC EXAMINATION OF MINORS BY PUBLIC WELFARE DEPARTMENT UPON PARENTAL REQUEST.) Upon written request to the commissioner of public welfare by the parent or guardian having custody and control of a minor, and by a doctor of medicine licensed to practice under Minnesota Statutes, Chapter 147, a psychiatrist employed by the department of public welfare and designated by the commissioner shall conduct a psychiatric examination of the minor. The results of the examination shall not be disclosed to the public but a written copy of the diagnosis of the psychiatrist shall be supplied to the parent or guardian requesting the examination and, with the written consent of such parent or guardian, a copy of the diagnosis shall also be supplied to the doctor of medicine who requested the examination.

Sec. 2. (EFFECTIVE DATE.) This act takes effect on July 1, 1965.

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, STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF MEDICAL SERVICES

Legislative Presentation, 1965

My presentation this year will be confined to a brief summary of the mental health and mental retardation program developments. I hope this will shed light on the budget request for these programs. The presentation will consist of:

(1) Accomplishments, 1963-65

(2) Prospects and predicted trends, 1965-67

(3) Unsolved problems and priorities.

I. Accomplishments. 1963-65

It is surprisingly difficult to select from among the many program accomplishments a short list of the most significant ones.

If we consider as an aggregate the staff in central office, the state employees and the volunteers in our institutions for the mentally ill and mentally retarded, and the staff and boards of the mental health centers and the day-time activity centers for the mentally retarded, the result is a really tremendous array of talent. Often I am asked, How does Minnesota stand?. My response is, Pound for pound, Minnesota has the best team on the field of any state in the country.

I believe the past two years have justified this pride. We have witnessed a remarkable outpouring of creative energy and achievement.

To pick the "top six" accomplishment arbitrarily, they are:

Beginning in the summer of 1963, our institutional personnel all up and down the line have engaged in a remarkable effort to examine all

areas of institution life — procedures, practices, customs, red tape, regulations — to change as much as humanly possible practices which tend to reduce human dignity. This has not only been hard work, but it has required great courage. There has been a tangible payoff.

2. Regionalization

A giant step was taken on July 1, 1964, when redistricting was completed. This means that the more than million people living in the greater metropolitan area are within an hour's drive of the mental illness hospital that serves them. The other hospitals are able to serve more compact regions, which will allow the hospitals to proceed into regional unit designs within the hospital programs.

The regionalization is reflected in the increasing sophistication of the regional mental health coordinating committees as they become more mature. As of now, five of the seven mental health regions are served by organized committees.

3. Mental health and mental retardation planning

Committees have been hard at work sorting out Minnesota's needs and resources for the future. This has included an enormous array of activities, from committee meetings to research projects. Minnesota was the first state to submit its State Plan for Comprehensive Community Mental Health Centers Construction to the federal government, as the first step in eligibility for federal construction funds;" More importantly, Minnesota is probably taking the lead in searching for long-range methods of bringing together the wealth of problem-solving capabilities which exist in our state.

4. Medical Director - Administrator system

The so-called "dual administration" system of medical director and

administrator has been installed in nine of the eleven hospital facilities. The system appears to work very well.

5. Institution programs

Hastings and Fergus Falls State Hospitals were accredited by the Joint Commission on Accreditation of Hospitals. The institutions not yet accredited are hard at work, an exercise which is very good for the hospital.

Important new work has been started which should have a sharp impact to improve hospital effectiveness: the Medical Records and Accreditation Committee, the Communicable Disease Control Committee, and the Cancer Detection Program.

The Minnesota Residential Treatment Center at Lino Lakes was activated in July, 1963, and now appears to be on course.

Adolescent programs have been formally organized at Fergus Falls and Anoka State Hospitals,

The Minnesota Security Hospital has developed a first-class program, with high morale and high effectiveness. Though badly lacking still in adequate physical space and other environmental advantages, it is now not a source of sorrow but of pride.

6. Community programs The community mental health services program has expanded to cover 85% of the population, with nineteen centers now in operation and a twentieth organized. The individual centers have exercised creative leadership in their communities, and some have attracted national renown,

The Rochester community has established a comprehensive mental health program at the state hospital that could become a national model.

The daytime activity centers for retarded have expanded to a network of 27 centers receiving state funds. These have been very useful in delaying institutionalization on behalf of many children and adults who might otherwise be separated from their homes and families.

II. Prospects and predicted trends for the coming biennium…

Crystal ball-gazing is always risky. Many prospects stem from the accomplishments. For example, the outcome of the Medical Records and Accreditation Committee work will produce modification of hospital and conceivably even community programs, some of which may be far-reaching. Some of the prospects, or hoped-for developments, may be delayed or blocked for various reasons. Some programs are still in a budding stage and it is too soon to see where they might go. Developments at the federal level may have a marked impact.

Within the state programs as such, the following trends are worth singling out

1. An increase in admission of adolescents to the mental illness hospitals. Correspondingly, better coordination of programs between the Minnesota Residential Treatment Center and the state hospital programs, more specialized programs for patients in borderline groups (e.g., children who are both mentally ill and mentally retarded) and better coordination of mental health programs for children and youth between the Department of Public Welfare and the Department of Corrections.

2. Segmentation of hospitals along geographical or other lines. That is, there will be an increasing trend towards breaking up hospitals

(both mental illness and mental retardation) into small, internally cohesive units that will provide better individual care.

3. Community emphasis: increasing trends toward daycare programs and other modifications of traditional in-hospital care. Such trends should include advances across a broad front not only involving institutions but community facilities and public agencies (county welfare departments, courts) as well.

4. Hopefully together with recodification of public welfare laws relating to the mentally ill and mentally retarded, we will see development of forensic psychiatry programs for adults, to bring about better co-ordination of the Department of Public Welfare and correctional institutions, mental health centers, law enforcement agencies, and courts and probation services.

5. Regional committees will no doubt begin taking on increasing survey and planning functions, producing a trend toward decentralization and a regional base.

III. Unsolved problems and priorities

The Governor's budget reflects our program needs and what we would like to do.

Although it is ultimately a question for the public concensus, and opinions will vary, I personally concur in the pattern that has established the program for the mentally retarded as the top priority for this coming biennium. The mental retardation institutions are operating at a stark survival level that is a wrench to the heart. The daytime activity centers have proven useful and are due for the kind of accelerated advancement that occurred 2-3 bienniums ago in the community mental health centers program.

The recommendation for new positions in the mental illness hospitals follows the pattern of the Department request. Anoka heads the list in virtue of the strains imposed by redistricting and the establishment of the adolescent program.

Of the mental health items in the central office budget recommendations, I commend to your attention the community mental health center request, which dare not go any lower. A very high priority item is the expansion of research funds so that we can mount a suitable program on industrial therapy research.

Respectfully submitted,

David J. Vail, M. D.
Medical Director